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Bib Data Sheet

CONFIRMATION NO. 5150

SERIAL NUMBER 09/912,779	FILING DATE 07/25/2001 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. RPS920000402US2
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APPLICANTS

John Peter Karidis, Ossining, NH;

Noboru Kamijo, Fujisawa-shi, JAPAN;
Susan Sommers Moffatt, Chapel Hill, NC;

** CONTINUING DATA ***** S.A.
This appln claims benefit of 60/251,202 12/04/2000

** FOREIGN APPLICATIONS ***** S.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 08/31/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>S.A.</i> Initials	STATE OR COUNTRY NH	SHEETS DRAWING 10	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
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TITLE

Personal communication device having a built in projection display

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 5150

SERIAL NUMBER 09/912,779	FILING DATE 07/25/2001 RULE	CLASS 379	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. RPS920000402US2	
APPLICANTS John Peter Karidis, Ossining, NH; Noboru Kamijo, Fujisawa-shi, JAPAN; Susan Sommers Moffatt, Chapel Hill, NC;					
** CONTINUING DATA ***** S. A. THIS APPLN CLAIMS BENEFIT OF 60/251,202 12/04/2000					
** FOREIGN APPLICATIONS ***** S. A.					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/31/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Shawn R. King</i> S.A. Examiner's Signature Initials		STATE OR COUNTRY NH	SHEETS DRAWING 10	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
ADDRESS 25299					
TITLE Personal communication device having a built in projection display					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		